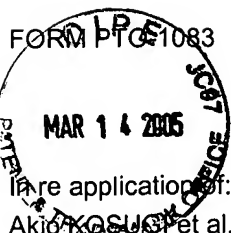


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re application of:
Akio KOSUGA et al.

Serial No: 10/657,967
Confirmation No.: 4135
Filed: September 9, 2003
For: Mechanism for Winding Sheet Material

Art Unit: 3654
Examiner: Kim, Sang K.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
March 10, 2005
Date of Deposit
Joyce Hegeman
Name
Signature
March 10, 2005
Date

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted in the above-identified application are the following items..

- ☒ Amendment
- ☒ Return postcard

The fee has been calculated as shown below:

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	24	-	26 **	0	LG=\$50 SM=\$25 \$[FEE]	\$ 0
INDEPENDENT CLAIMS FEE	3	-	3 ***	0	LG=\$200 SM=\$100 \$[FEE]	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ [FEE]
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS		\$ [FEE]
TOTAL						\$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
 - ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
 - ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

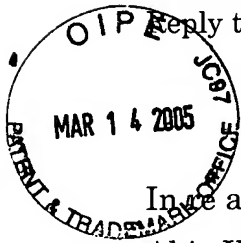
Date: March 10, 2005

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By:
Troy M. Schmelzer
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Attorney for Applicant(s)

Appl. No. 10/657,967
Amdt. Dated March 10, 2005
Reply to Office Action of December 14, 2004

Attorney Docket No. 88509.0001
Customer No. 26021



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March 10, 2005

Date of Deposit

Joyce Hegeman

Name

Signature

03/10/05

Date

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated December 14, 2004, please amend this application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.